









Date: Friday, 27/10/2006 7:14:39 AM
 User: Linda Lacelle

Process Sheet

Customer : CC-DAR01 Dart Aerospace Ltd.	Drawing Name : D412-742-013
Job Number : 29188	
Estimate Number : 10804	
P.O. Number : <i>N/A</i>	Part Number : Z_CUSTOM
This Issue : 27/10/2006 S.O. No. : <i>N/A</i>	Drawing Number : NCR102
Prsht Rev. : NC	Project Number : <i>N/A</i>
First Issue : <i>N/A</i> Type : OVERHEAD	Drawing Revision : <i>N/A</i>
Previous Run : 00015	Material : <i>N/A</i>
Written By : _____	Due Date : 03/11/2006 Qty: 2 Um: Each
Checked & Approved By : _____	
Comment : _____	
Additional Product	
Job Number: 	
Seq. #:	Machine Or Operation: Description :
1.0	MISC MISCELLANEOUS
 	
Comment: MISCELLANEOUS REMOVE FROM STK D412-742-013 B <i>28306</i> <i>28307</i> VERIFY D3405-041 / -043 TO CONFIRM NOT MIS-IDENTIFIED <i>106/10/26</i> (2)	
2.0	PACKAGING 1 PACKAGING RESOURCE #1
 	
Comment: PACKAGING RESOURCE #1 REPACKAGE PER PPP <i>106/10/27</i> (2)	
3.0	QC21 FINAL INSPECTION/W/O RELEASE
 	
Comment: FINAL INSPECTION/W/O RELEASE <i>106/10/27</i> (2)	
Job Completion	 <i>106/10/27</i>

Non-Conformance Report				NCR 102	
Raised by: <u>DAVE Trepner</u>		Source: <u>Helicopter Services</u>		Sheet No. <u> </u> of <u> </u>	
Non-Conforming Dept./Supplier:				Date: <u>06/10/26</u>	
Product/Service: <u>D412-742</u>				Priority: <u> </u> HIGH LOW	
Area of Standard:		Section A Description of Non-Conformance <div style="font-size: 1.2em; margin-top: 20px;"> Customer purchased Dart float skid tubes AND received four D3405-041 (Should have been Qty 2 D3405-041 Qty 2 D3405-043 Root cause: Parts were package wrong. </div>			
QSI					
QSP					
QSPM					
Documents:					
P/O					
Invoice					
W/O					
Batch No. <u>28309</u>					
TSR <u>28203</u>					
Drawing					
Forward to Director, Quality Assurance on completion of this box					
DQA: Section B: Indicate who is responsible for creating C/A, and a completion date. Section C: Indicate who will verify completion of C/A.					
Section B		Responsible for Investigation/CA: <u>LL</u> To be done by: <u> </u>			
Corrective Action					
No	Initial	Action Description	Responsible	Due date	Sign/Date
1.	DT	Quarantine D3405-041/043 inspect. Found to not package properly.	LL	06/10/26	J. Dole
2.	DT	Quarantine D412-742-013 inspect lugs. OK.	D.T.	06/10/26	J. Dole
Preventive Action Required: NO <input checked="" type="checkbox"/> YES # <u> </u>			Fault Category: <u> </u>		
Section C		Responsible for Verification of CA: <u> </u>			
Verification of C/A					
No	Verification Method		Sign	Date	Forward to DQA on Completion of Verification DQA: <u> </u> Date: <u> </u>
QA Purposes only			N/C Closed		Date